

ARKANSAS INSURANCE DEPARTMENT LICENSE DIVISION 1 COMMERCE WAY, SUITE 104 LITTLE ROCK, AR 72202 PHONE: 501-371-2750

FAX: 501-683-2604

MANAGING GENERAL AGENT BOND

| KNOW ALL MEN BY THESE PRESENT: | |
|---|---|
| THAT: | , as Principal, |
| business in the State of Arkansas, are firmly bound unto the (\$100,000) Dollars. | |
| WHEREAS, said Principal has made application to be lic Managing General Agent. | eensed by the Arkansas Insurance Department as a |
| NOW THEREFORE, if saidshall be granted a license as a Managing General Agent at Managing General Agent in accord with Arkansas Code Ann the Arkansas Insurance Department, then this obligation is reffect. | nd shall perform all the duties and obligations of a . 23-64-401 and the rules and regulations adapted by |
| It is understood and agreed that: | |
| This bond may be cancelled by giving thirty (30) day | written notice to the Arkansas Insurance Department. |
| This bond is not cumulative and the amount shown is | the total liability of the Surety. |
| Suit on this bond must be filed within one year of date | e of cancellation of said bond. |
| WITNESS our hands and seals thisday of | , 20 |
| | Principal |
| | Timopai |
| | Surety |
| | Attorney-in-fact |